

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Town of Lincoln, Rhode Island

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Town of Lincoln
100 Old River Road
Lincoln, Rhode Island 02865

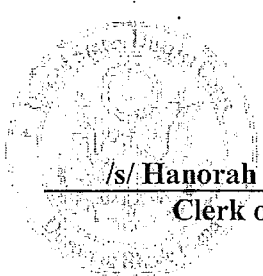
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box-8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tver-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

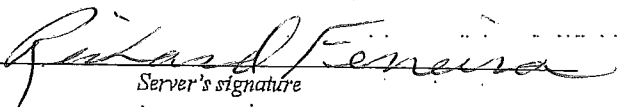
XXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se

Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Henry Polyz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>TOWN OF LINCOLN 100 Old River Rd. Lincoln, R.I. 02865</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 4635 9706</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7018 2290 0001 4635 9706

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
<p>Sent To Town of Lincoln Street and Apt. No., or P.O. Box No. 100 Old River Road City, State, ZIP+4® Lincoln, R.I. 02865</p>		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Lincoln Police Department

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Lincoln Police Department
Town of Lincoln
100 Old River Road
Lincoln, Rhode Island 02865

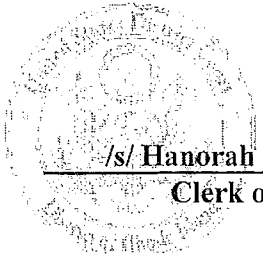
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Richard Ferreira, Pro se
P O. Box-8000
Shirley, Massachusetts 01464

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Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

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on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____,
a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

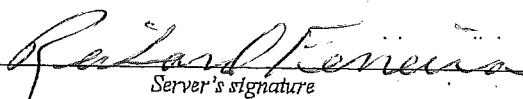
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My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se

Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

7017 0660 0000 9418 5244

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)

\$

☐ Return Receipt (electronic)

\$

☒ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

Total Postage and Fees

\$

Postmark
HereSent To
Lincoln Police Department,

Street and Apt. No., or PO Box No.

100 Old River Road

City, State, ZIP+4®
Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse
so that we can return the card to you.Attach this card to the back of the mailpiece,
or on the front if space permits.

Article Addressed to:

LINCOLN POLICE
DEPARTMENT
100 Old River Rd.
Lincoln, R.I.
02865



9590 9402 4365 8190 9374 89

2. Article Number (Transfer from service label)

7017 0660 0000 9418 5244

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☒ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

AO 440 (Rev. 05/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Chief of Police

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Chief of Police
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box 8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019

 /s/ Hanorah Tyer-Witek

Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

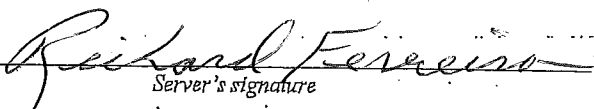
XXXXX Other (specify): Service was made pursuant to the ORDER of the United States District Court, District of Rhode Island, Judge John J. McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	

Sent To
 Chief of Police, Lincoln Police Dept.
 Street and Apt. No., or PO Box No.
 100 Old River Road
 City, State, ZIP+4®
 Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Ray Puy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>		
<p>1. Article Addressed to: CHIEF OF POLICE Lincoln Police 100 Old River Rd. Lincoln, R.I. 02865</p> <p>2. Article Number (Transfer from service label) 7018 2290 0001 4635 9690</p>	<p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

9590 9402 4365 8190 9467 57

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Captain Phillip Gould

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Captain Phillip Gould
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

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Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

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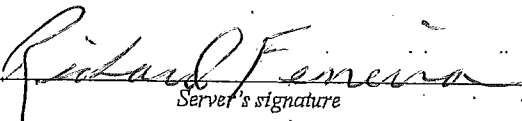
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Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

7017 0660 0000 9418 5237

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	Postmark: Here:
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	
\$	
Total Postage and Fees	
\$	
Sent To Captain Phillip Gould, Lincoln Police	
Street and Apt. No., or PO Box No. 100 Old River Road	
City, State, ZIP+4® Lincoln, R.I. 02865	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PHILLIP GOULD
 LINCOLN POLICE
 100 Old River Rd.
 Lincoln, R.I.
 02865



9590 9402 4365 8190 9373 80

2. Article Number (Transfer from service label)

7017 0660 0000 9418 5237

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Harry Pray* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
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Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
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Richard Ferreira, Pro se

Plaintiff(s)

v.

Detective Lieutenant
Dana L. Parker

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

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Detective Lieutenant Dana L. Parker
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100 Old River Road
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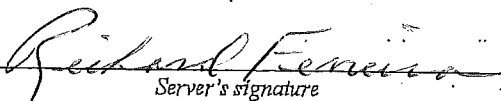
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only.

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Date: July 31, 2019



Server's signature

Richard Ferreira, Pro se

Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

7017 0660 0000 9418 5220

U.S. POSTAL SERVICETM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☒ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
Detective Dana L. Parker, Lincoln P.D.
 Street and Apt. No., or PO Box No.
100 Old River Road
 City, State, ZIP+4[®]
Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Mary Pree</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by: (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: DANA L. PARKER LINCOLN POLICE 100 Old River Rd. Lincoln, R.I. 02865</p> <p>9590 9402 4365 8190 9373 73</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express[®]</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered MailTM</p> <p><input checked="" type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature ConfirmationTM</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7017 0660 0000 9418 5220</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Detective Chris Nightingale

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Detective Chris Nightingale
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box-8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tver-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

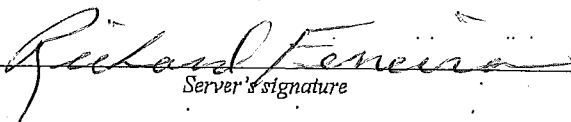
XXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019



Server's signature

Richard Ferreira, Pro se

Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

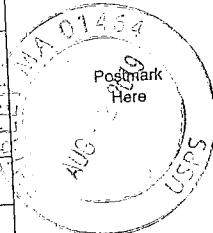
Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®


OFFICIAL USE

7017 0660 0000 9418 5183

Certified Mail Fee		
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		

Sent For: Officer Chris Nightingale, Lincoln P.D.
 Street and Apt. No., or PO Box No. 100 Old River Road
 City, State, ZIP+4® Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to: CHRIS NIGHTINGALE Lincoln Police 100 Old River Rd. Lincoln, R.I. 02865</p> <p style="text-align: center;">  9590 9402 4365 8190 9467 33 </p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label) 7017 0660 0000 9418 5183</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Detective Gorman

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Detective Gorman
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box-8000
Shirley Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or


XXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019



Server's signature

Richard Ferreira, Pro se

Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

7018 2290 0001 4635 5418

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Detective Gorman, Lincoln Police Dept.
 Street and Apt. No., or PO Box No.
 100 Old River Road
 City, State, ZIP+4®
 Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: DETECTIVE GORMAN Lincoln Police 100 Old River Rd. Lincoln, R.I. 02865</p> <p>Barcode: 9590 9402 4365 8190 9374 34</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7018 2290 0001 4635 5418</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Sergeant Jason Bolduc

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Sergeant Jason Bolduc
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box 8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek

Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

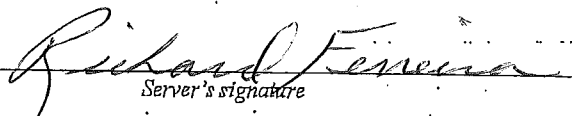
XXXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

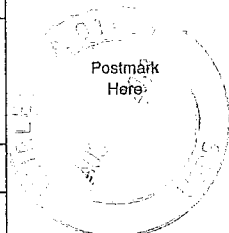
Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

7018 2290 0001 4635 5401

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	
<input type="checkbox"/> Return Receipt (electronic)	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature Required	
<input type="checkbox"/> Adult Signature Restricted Delivery	
Postage	
Total Postage and Fees	
Sent To: <u>Officer Jason Bolduc, Lincoln P.D.</u> Street and Apt. No., or PO Box No. <u>100 Old River Road</u> City, State, ZIP+4® <u>Lincoln, R.I. 02865</u>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <u>Darry Perry</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Darry Perry</u> C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____
1. Article Addressed to: <u>JASON BOLDUC</u> <u>Lincoln Police</u> <u>100 Old River Rd.</u> <u>Lincoln, R.I.</u> <u>02865</u>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <u>7018 2290 0001 4635 5401</u>	



9590 9402 4365 8190 9374 41

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
DISTRICT OF RHODE ISLAND

Richard Ferreira Pro se

Plaintiff(s)

v.

Sergeant Walter M. Paszek

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Sergeant Walter M Paszek
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box-8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tver-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

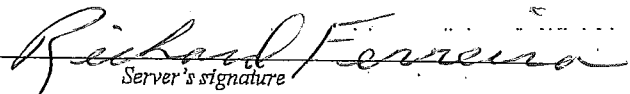
XXXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Sgt. Walter M. Paszek, Lincoln, Police

Street and Apt. No., or PO Box No.

100 Old River Road

City, State, ZIP+4®
 Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WALTER M. PASZEK
 Lincoln Police
 100 Old River Rd.
 Lincoln, R.I.
 02865



9590 9402 4365 8190 9374 58

2. Article Number (Transfer from service label)

7018 2290 0001 4635 5395

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Walter Paszek*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

LPD Officer Stephen Rodrigues

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

LPD Officer Stephen Rodrigues
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

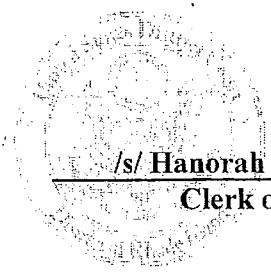
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box-8000
Shirley Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

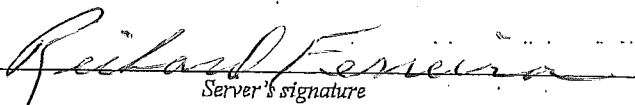
XXXXX Other (specify): Service was made pursuant to the ORDER of the United States District Court, District of Rhode Island, Judge John J. McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019



Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

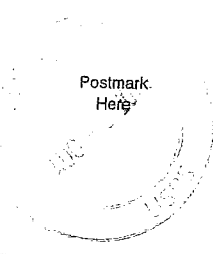
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <u><i>Harry Perry</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>STEPHEN RODRIGUES Lincoln Police 100 Old River Rd. Lincoln, R.I. 02865</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
 9590 9402 4365 8190 9374 72		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 4635 9683</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7018 2290 0001 4635 9683

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee		Postmark Hele 
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To Lincoln Police Officer Stephen Rodrigues Street and Apt. No. or PO Box No. 100 Old River Road City, State, ZIP+4® Lincoln, R.I. 02865		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

LPD Officer Joseph Anterni

Defendant(s)

Civil Action No. 1:19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

LPD Officer Joseph Anterni
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

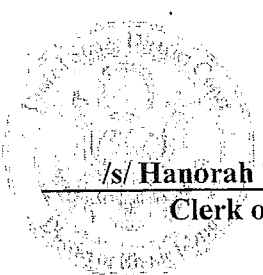
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box 8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

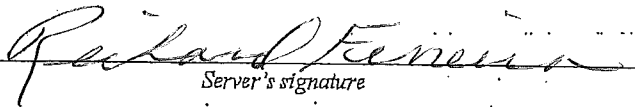
XXXXX Other (specify): Service was made pursuant to the ORDER of the United States District Court, District of Rhode Island, Judge John J. McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To:
Officer Joseph Anterni, Lincoln, P.D.
Street and Apt. No., or PO Box No.
100 Old River Road
City, State, ZIP+4®
Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
AUG 22 2019
USPS

7018 2290 0001 4635 5043

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: JOSEPH ANTERNI
Lincoln Police
100 Old River Rd.
Lincoln, R.I.
02865



9590 9402 4365 8190 9374 27

2. Article Number (Transfer from service label)

7018 2290 0001 4635 5043

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

LPD Officer Legere

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

LPD Officer Legere
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box-8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

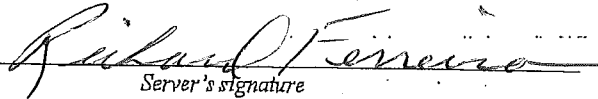
XXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se

Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$


☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Officer Legere, Lincoln Police Dept.
Street and Apt. No., or PO Box No.
100 Old River Road
City, State, ZIP+4®
Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">OFFICER LEGERE Lincoln Police 100 Old River Rd. Lincoln, R.I. 02865</p> <div style="text-align: center;">  9590 9402 4365 8190 9374 10 </div> <p>2. Article Number (Transfer from service label) 7017 0660 0000 9418 5190</p>	<p>A. Signature X <i>Rory Ray</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>

PS Form 3811, July 2015 PSN 7530-02-000-9053
Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

LPD Officer Kinniburg

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

LPD Officer Kinniburg
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

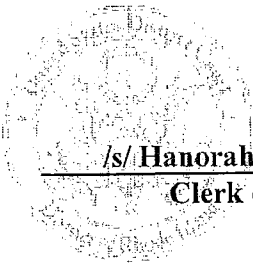
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box 8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or


XXXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

7025 9146 0000 0990 2102

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Officer Kinniburg, Lincoln Police Dept Street and Apt. No., or PO Box No. 100 Old River Road City, State, ZIP+4® Lincoln, R.I. 02865	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **OFFICER KINNIBURG**
Lincoln Police
100 Old River Rd.
Lincoln, R.I.
02865



9590 9402 4365 8190 9374 03

2. Article Number (Transfer from service label)

7017 0660 0000 9418 5206

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X *Kenney Perry*
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

LPD Officer Sexton

Defendant(s)

Civil Action No. 1:19 CV 00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

LPD Officer Sexton
Lincoln Police Department
100 Old River Road
Lincoln, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box 8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

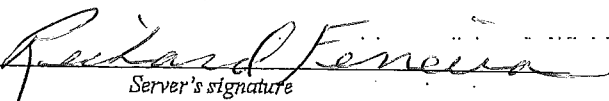
XXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$


Postage \$

Total Postage and Fees \$

Sent To
Officer Sexton, Lincoln Police Dept.
Street and Apt. No., or PO Box No.
100 Old River Road
City, State, ZIP+4®
Lincoln, R.I. 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

01464
AUG 2019
Postmark
Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: OFFICER SEXTON Lincoln Police 100 Old River Rd. Lincoln, R.I. 02865</p> <div style="text-align: center;">  9590 9402 4365 8190 9373 97 </div> <p>2. Article Number (Transfer from service label) 7017 0660 0000 9418 5213</p>	<p>A. Signature X <i>Harry Bluey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

The Rhode Island State Police

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

The Rhode Island State Police
Scituate Barracks
311 Danielson Pike
North Scituate, Rhode Island 02865

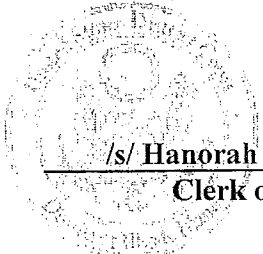
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box 8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or


XXXXXX Other (specify): Service was made pursuant to the ORDER of the United States District Court, District of Rhode Island, Judge John J. McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se

Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$


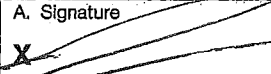
Postage \$

Total Postage and Fees \$

Sent To
 Rhode Island State Police
 Street and Apt. No., or PO Box No.
 311 Danielson Pike
 City, State, ZIP+4®
 North Scituate, Rhode Island 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

AUG 27 2019
 POSTMARK
 HERE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: RHODE ISLAND STATE POLICE 311 Danielson Pike North Scituate Rhode Island 02865</p> <div style="text-align: center;">  9590 9402 4365 8190 9467 40 </div> <p>2. Article Number (Transfer from service label) 7018 2290 0001 4635 5388</p>	<p>A. Signature  <input type="checkbox"/> Agent</p> <p>B. Received by (Print Name) _____ Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

DISTRICT OF RHODE ISLAND

Richard Ferreira, Pro se

Plaintiff(s)

v.

Superintendent James Manni

Defendant(s)

Civil Action No. 1-19-CV-00200-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Superintendent James Manni
Rhode Island State Police
Scituate Barracks
311 Danielson Pike
North Scituate, Rhode Island 02865

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Richard Ferreira, Pro se
P.O. Box-8000
Shirley, Massachusetts 01464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 28, 2019


/s/ Hanorah Tyer-Witek
Clerk of Court

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) July 8, 2019

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or


XXXXX Other (specify): Service was made pursuant to the ORDER of the United
States District Court, District of Rhode Island, Judge John J.
McConnell, Jr., attached, and dated July 2, 2019, directing SERVICE
by Certified Return Receipt Requested Mail, on each Defendant.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

Cost of Certified Return Receipt Requested Mail Postage
only.

I declare under penalty of perjury that this information is true.

Date: July 31, 2019


Server's signature

Richard Ferreira, Pro se
Printed name and title

Post Office Box-8000
Shirley, Massachusetts, 01464

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☒ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$

Sent To
 Superintendent James Manni-State Police
 Street and Apt. No., or PO Box No.
 311 Danielson Pike
 City, State, ZIP+4®
 North Scituate, Rhode Island 02865

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 4635 9713

AUG 22 2019
 Postmark
 here
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: JAMES MANNI Superintendent 311 Danielson Pike North Scituate Rhode Island 02865</p> <p>2. Article Number (Transfer from service label) 7018 2290 0001 4635 9713</p>	<p>A. Signature X</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

9590 9402 4365 8190 9374 96

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt